r	AICHIA	L IL CIN		tive October			Old RECOI			09/	//	196	0
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER THAN SWALL ENTITY	
OR I			NUMBER		NUM	BER E	XTRA		RATE	FEE		RATE	FEE
BASIC FEE							æ			395.00	OR		790.00
OTAL CLAIMS / / minus 2				20 =	ســـــــــــــــــــــــــــــــــــــ			x\$11=		OR	x\$22=		
NDEPENDENT CLAIMS 2 minus				3= *				x41=		OR	x82=		
ULTI	PLE DEPENDI	ENT CL	AIM PRES	ENT					+135=		OR	+270=	
If the difference in column 1 is less than zero, enter "0" in column 2								ı	TOTAL	_	OR	TOTAL	M
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								a .	SMALL	OR		R THAN . ENTITY	
AMENDIMENT		REM/	AIMS AINING TER DMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE-
	Total		70	Minus	" 2	0_	= -		x\$11=		OR	x\$22=	
AIEN	Independent	. 4	3	Minus	*** **	3	=		x41=		OR	x82=	
₹	FIRST PRES	SENTA	TION OF	MULTIPLE	DEPENDE	NT CL	AIM		+135=		OR	+270=	
n		(Coli	TOTAL ADDIT. FEE (Column 3)								OR	TOTAL ADDIT. FEE	
2		CL REM AF	AIMS AINING TER IDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENCAER	Total	• 6	20	Minus	2	0	=		x\$11=		OR	x\$22=	
2 U	Independent	. (3	Minus		3	=	lacksquare	x41=		OR	x82=	
8	FIRST PRE	SENTA	TION OF	MULTIPLE	DEPENDE	NT C	_AIM		+135=		OR	+270=	
	(Column 1)				(Colum	n 2)	(Column 3)		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	3	REM	AIMS IAINING FTER NDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
amendment	Total	•		Minus	. 2	0	Ŧ		x\$11=		OR	x\$22=	
Ž	Independent			Minus	*** (?	=		x41=		OR	x82=	
8	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	1	OR	+270=	
lf		umber Pi	reviously Pa	aid For IN TH	IS SPACE IS	oce tha	IN ZV. BINGI ZV.	form	TOTAL ADDIT. FEE	ــــــــــــــــــــــــــــــــــــــ	OR n column	AUDII. I LI	

Application or Docket Number